

PALMER (S.E.)

The method of Dr. Apostoli.



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One day, early in October of 1889, the writer made her first visit to Dr. APOSTOLI's clinic in the Rue du Jour.

From a dingy court, up two flights of stairs, the door opens into a room filled with waiting patients. A bright, intelligent nurse shows this evident stranger into a second room, where with others she waits the coming of M. APOSTOLI. He soon appears. A man of fine scholarly presence, whose ready welcome puts the visitor at ease. A visiting card, with name and address, is sufficient introduction. Meantime assistants have made ready the clinic room, and the patients are called in. Visitors are invited to examine patients, to express opinions as to the diagnosis, and an assistant writes at Dr. APOSTOLI's dictation, or reads the history, if the patient has been seen before.

Since doubts are sometimes expressed regarding the value of Dr. APOSTOLI's method, a method which his own statistics fully uphold, it may be pardonable to detain you a moment with these details, to prove to you, as it was proved to me, that the published reports are impartial and in every way reliable.

Here are, perhaps, ten or twelve strangers of various prejudices freely admitted, not only to hear but to examine, when the case may admit of it, to listen to various opinions until the diagnosis is established, to see the treatment applied, while the operator announces the character of the current used and its intensity, with more or less elaborate explanation, to read the records of old cases and to visit former patients at their discretion.



Every one who examines is asked to properly disinfect his hands, and nail brush, soap, water and disinfectant are provided by the attending nurse.

Vaginal and uterine instruments are first disinfected by heat, being boiled in water or held in the flame, and then dipped in a solution of iodoform and ether (1 to 10) immediately before using. A disinfecting douche of bichloride of mercury (1 to 1000) is given to each patient before and after treatment, save in the exception to be mentioned later.

Cases present themselves with various pelvic lesions. Only those deemed suitable for application of electricity are treated here. Among them are metritis, perimetritis, hemorrhagic endometritis, fibroid tumors and cases of hysterical ovarian pain, apparently much more common with the French women than here. These last are faradized with a bipolar electrode in the uterus or vagina, connected with the short large wire coil.

The ovarian pain, without discoverable lesion, is quieted in almost every case. With the various hyperplasiæ, including fibroids, the continuous current is used. One pole, made practically inert, is placed on the abdomen. It is made of wet sculptor's clay, in default of a more convenient and equally efficient electrode.

It is a good conductor, adapts itself perfectly to the skin, multiplying the points of contact, and thus increasing the real extent of surface of the electrode while diminishing the resistance of the skin. Thus the operation is made unipolar, since one pole and one only is active.

Keep the electrode soft when not in use by some envelope to prevent evaporation. A wrapping of tarletan of coarse mesh holds the shape of the somewhat unwieldy mass. The cake should be 10×12 or 6×8 inches, to adapt itself to the extent of the abdomen.

The connection is made by a metallic plate soldered on a rheophore, and the plate slightly buried in superior surface of clay to make sure of contact.

The intra-uterine or intra-vaginal electrodes for the continuous current are of two kinds, platinum or gas carbon, to be shown

and more fully described later. If a new patient be intolerant of examination, electricity is not applied at the first visit. In all cases patients are made to wait two hours, at least, after treatment.

A small ward of two beds adjoins the treatment room, where patients may stay after galvano-puncture. An hysterical patient is sometimes made tolerant by use of the faradic current with short large wire preceding the application of the continued current. The treatments are given for symptomatic not for anatomical effects primarily. I never saw a patient treated simply to reduce the size of the tumor, if its presence gave her no uneasiness.

Incidentally the tumor is considerably reduced in size, but that is never the primary object. In almost every case hemorrhage is checked; pressure symptoms, such as pain in limbs, bladder complications, and the numberless reflex disturbances, relieved; an immovable tumor made movable possibly by formation of a pedicle.

In extreme cases, a helpless invalid, a burden to herself, is given a self-dependent, active life, pain partly or entirely relieved; hemorrhage checked, and the consequent anæmia replaced by an almost forgotten feeling of health.

Curiously enough, even when the size of the tumor is apparently little affected these results obtain. Unable to walk, she comes now with record of doing her own housework with ease.

Since a very constant effect of the electricity is increase of the subcutaneous fat over the tumor, the records of cases include the measurement of thickness of skin at beginning of treatment with the measurements of the tumor.

Sometimes the tumor entirely disappears, as in two cases recently reported by Massy, of Philadelphia, and one in the late experience of the writer.

In most cases the size is greatly reduced, but, as I say, this is never the primary object, and as a result is not constant.

The treatment is conservative, and the testimony is that even if an operation be performed later, it is simplified by the reduced size of the mass and the formation of a pedicle.

Some cases, as, for instance, a fibroid polyp projecting into the cavity of the uterus, are amenable to immediate operation by knife or *écraseur* rather than to the prolonged action of electricity.

On the other hand, KEITH reports in his recent work, cases of failure to relieve the patient by menopause artificially induced. Also cases of tumor developed after menopause, in both of which electricity, properly applied, was followed by brilliant results. Even with the partial atresia of the uterine cavity sometimes induced, neither sterility nor dysmenorrhœa result.

Symptoms control the choice of pole. The positive pole is haemostatic and cauterant used with platinum point, unless a more intense local effect is desired, when a gas carbon electrode of suitable size may be substituted.

The negative pole is what APOSTOLI calls the pole of demetration. It is used whenever the positive pole is not especially indicated. The immediate effect may be to cause a slight flow of blood. The secondary effect, by the action on the interstitial circulation and consequent absorption, is to check hemorrhage, coincidentally with the relief of other symptoms.

When a patient is unusually susceptible the weaker or positive pole is selected. When the first object is to cure an existing metrorrhagia or menorrhagia the positive pole is used.

The writer has found it a good plan practically to treat a new patient with the positive pole for the first application, since this current is better borne and has often a tonic and stimulating effect.

Two effects of the galvano-chemical cauterization are expected, whichever pole be made active.

1st. Immediate and local.

2d. Interpolar and secondary.

The number and frequency of treatments and intensity of current must be adapted to the clinical indications, considering always the tolerance of the patient. The latter varies at different sittings with the same patient.

It has seemed to the writer that APOSTOLI is more conserva-

tive in both respects than his followers. The average length of the seance is about five minutes.

If for any reason a sound cannot be introduced into the uterus, a galvano-puncture may be made, or, if the effect of the treatment is not efficacious, this manœuvre may be added. Generally negative and with steel trocar. If positive a gold needle must be used and the mercurial douches substituted by carbolic acid. A packing of iodoform gauze in the vagina must follow this more radical treatment.

I quote APOSTOLI's rules for this procedure :

- 1st. Observe a constant and perfect antiseptic practice.
- 2d. Make the punctures only every eight or fifteen days; suspend treatment if fever threatens.
- 3d. Make, *without exception*, only superficial punctures, not more than half, or at the *most*, one centimeter deep.
- 4th. Never make a puncture in the anterior cul-de-sac.
- 5th. Make use of a very fine trocar.
- 6th. Never introduce a speculum through which to make puncture. Before operating make a minute and scrupulous examination.
- 7th. Puncture as near as possible to the body of the uterus, from without inward.
- 8th. Choose for the seat of puncture the most prominent point of the tumor found in the vagina.
- 9th. Never under any circumstances, make the puncture as has been advised by some operators, above the pubes through the abdominal wall, but always through the vagina.
- 10th. Pass the insulating celluloid sheath through the vagina, fix it on the index finger at the point selected, then slide the trocar up the sheath and make the puncture.

Again and again Dr. APOSTOLI says: Examine the battery connection carefully before beginning. Tell the patient to complain if the pain be severe, and do not give an intensity beyond her toleration. Some cases may demand an intensity beyond the forbearance of a nervous patient. If there be no contraindication, the dose may be increased under an anæsthetic.

Always begin at the minimum, increase the dose very gradually, and diminish the current as gradually as it was begun.

The portable battery which Dr. APOSTOLI uses, is the bi-sulphate of mercury, with zinc and carbon, all manufactured by GRIFFE, of Paris. A galvanometer by the same manufacturer, or one equally accurate, is absolutely essential.

Of the instruments used at Dr. APOSTOLI's clinic duplicates may be seen on the table.

DISCUSSION.

Dr. O. ST. C. O'BRIEN, of Rockport, Massachusetts, asked for some information relative to the intensity of the constant current in the treatment of uterine affections.

Dr. PALMER said, when galvano-puncture was employed it was customary to use at first the negative pole to induce absorption. Many cases were reported in which the treatment was not APOSTOLI's at all, and in some of those the intensity of current was far greater than any APOSTOLI ever used. The average of his currents was from 5 to 10 milliamperes; at the most it would not exceed 20. He always used the lowest current which would accomplish the desired result.

Dr. A. P. DUDLEY, of New York, expressed his interest in the paper. In New York, galvano-puncture was not used once in fifty times where the intra-uterine application was. He thought the operation somewhat hazardous unless the operator was possessed of some considerable knowledge from experience.

In the treatment of fibroids, electricity does good by preventing haemorrhage, and alleviating symptoms, rather than by limiting the growth. Although electricity is to-day doing much good work, it should be remembered that its field is limited. He could recall numerous instances where harm had been done, and some fatal cases.

Dr. O'BRIEN said, he was a believer in electricity, although perhaps not an enthusiast. He had been successful in the treatment of the results of acute inflammations, and had never found it necessary to use over 50 milliamperes.

Dr. F. H. GERRISH, of Portland, said Dr. DUDLEY's warning as to the use of electricity by unaccustomed hands was timely, and always to be borne in mind, but the subject under discussion was APOSTOLI's method and not electrical treatment in general. It was hardly fair to the author of a paper to cite the unpleasant results of other electrical methods. He hoped this would be kept in mind.

ERRATA.

Page 4, 4th paragraph, for “*demetrition*,” read
“*denutrition*.”

Page 6, for “*Griffe*.” read “*Gaiffe*.”

Page 6—Discussion: for “5 to 10 *milliamperes*,”
etc., read “80 to 200 *milliamperes*, rarely over 300.”

Page 7, reply of Dr. Palmer to Dr. Gordon should
read, “I am unable to say.”

Dr. DUDLEY replied, that the cases to which he alluded were treated by APOSTOLI's method. Care should especially be exercised when pyosalpinx is suspected in conjunction with fibroids. Pyosalpinx may, of course, be drained by the electrical canula, and then the cavity may be stimulated to contraction by a mild current, but this method needs an APOSTOLI or one intimately acquainted with the method.

Dr. S. C. GORDON, of Portland, asked Dr. PALMER if the treatment of some of the cases recently reported by a prominent Boston surgeon with indifferent results, was not conducted by some assistant who had been associated with APOSTOLI.

Dr. PALMER said no.

Dr. GORDON said he had little or no personal experience, but he felt sure that APOSTOLI, like KEITH, was most conscientious in stating the exact outcome of his cases. They only claim relief of symptoms and not reduction of the growth. He believed the time was approaching when we shall make more hysterectomies for relief of this condition and the mortality will be no greater than from ovariotomy.

Dr. PALMER said it must be apparent that the technique of anyone who does not at least expect good results will very likely be inaccurate.

Dr. APOSTOLI says his method must not be held responsible for departures from it by imitators.

APOSTOLI has had three deaths from too deep punctures and from mistaken diagnosis, when the actual condition was pyosalpinx.

